

Student Medical Information Form

1. Are you covered under a health care or medical insurance plan that includes international travel and medical treatment outside the U.S.?

___ Yes. Attach a copy of your insurance card.

No. Please purchase international insurance recommended by the Office of Learning Abroad (see website) or another international insurance similar or better coverage. Attach proof of purchase.

I am taking part in a faculty/staff-led short-term study abroad program through the Office of Learning Abroad. The Office of Learning Abroad purchases international insurance on behalf of these students.

2. Do you have any medical conditions or special needs that should be disclosed prior to travel?

___ Yes. (List the conditions and/or needs below.)

___ *No.*

3. Are you under a doctor's orders for any medication?

___ Yes. (List the medications and/or needs related to the medications below.)

___ *No.*

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Statement:

I authorize the SUU Program Director, or his/her authorized representative, to consent to any x-ray, examination, anesthetic, medical or surgical or dental diagnosis or treatment, and hospital care to be rendered to me under the general or special supervision and advice of any dentist, physician, or surgeon licensed to practice when the need for such treatment is immediate and when efforts to reach emergency contacts are unsuccessful.

I agree to pay all charges incurred for the treatment of illness or injury myself. I understand that I have primary responsibility for the payment of all charges, whether or not I am covered by health or medical insurance.

Name

(Printed): _____ Phone: _____

Signature: _____ Date: _____

Address: _____

(Street) (City/State) (Zip Code)

If traveler is under the age of 18:

Name of Guardian in Print

Signature of Guardian Date of Signature